

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND																																																					
1 Date of Request: <u>10/1/05</u>		2 Serial/Patent # <u>10/57645</u>																																																			
3 Please refund the following fee(s): <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 10%;"></td><td style="width: 80%;">Filing</td><td style="width: 10%;">4 PAPER NUMBER</td><td style="width: 10%;">5 DATE FILED</td><td style="width: 10%;">6 AMOUNT</td></tr> <tr><td></td><td>Amendment</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Extension of Time</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Notice of Appeal/Appeal</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Petition</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Issue</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Cert of Correction/Terminal Disc.</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Maintenance</td><td></td><td></td><td>\$</td></tr> <tr><td></td><td>Assignment</td><td></td><td></td><td>\$</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Other <u>Search fee adjustment</u></td><td></td><td></td><td>\$</td></tr> </table>		Filing	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT		Amendment			\$		Extension of Time			\$		Notice of Appeal/Appeal			\$		Petition			\$		Issue			\$		Cert of Correction/Terminal Disc.			\$		Maintenance			\$		Assignment			\$	<input checked="" type="checkbox"/>	Other <u>Search fee adjustment</u>			\$	7 TOTAL AMOUNT OF REFUND \$ <u>100</u>		
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10 REASON: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 10%;"></td><td style="width: 80%;">Overpayment</td></tr> <tr><td></td><td>Duplicate Payment</td></tr> <tr><td></td><td>No Fee Due (Explanation):</td></tr> </table>			Overpayment		Duplicate Payment		No Fee Due (Explanation):	8 TO BE REFUNDED BY: <table border="1" style="width:100%; border-collapse: collapse; margin-top: 5px;"> <tr><td style="width: 10%;"></td><td style="width: 90%;">Treasury Check</td></tr> <tr><td><input checked="" type="checkbox"/></td><td>Credit Deposit A/C #:</td></tr> <tr><td>9</td><td><u>03--2095</u></td></tr> </table>			Treasury Check	<input checked="" type="checkbox"/>	Credit Deposit A/C #:	9	<u>03--2095</u>																																						
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11 REFUND REQUESTED BY:																																																					
TYPED/PRINTED NAME: <u>Kaya Lewis (Baltimore)</u>		TITLE: <u>Paralegal</u>																																																			
SIGNATURE: <u>[Signature]</u>		PHONE: <u>(703) 308-9140</u>																																																			
OFFICE: <u>DO/ED</u>		<u>Ext 202</u>																																																			
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****																																																					
APPROVED: _____		DATE: _____																																																			

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to: